

Shared Care Plan

Follow-up and survivorship care is essential following completion of active treatment for early breast cancer to check whether breast cancer or ductal carcinoma in situ (DCIS) has come back, discuss physical and emotional health, and monitor and manage any risk factors and side effects of treatment.

Information in this Shared Care Plan will assist the patient, their general practitioner (GP), and specialists to manage follow-up and survivorship care together.

This Shared Care Plan:

- ▶ is not intended to be a complete patient history or treatment plan and does not replace the need for ongoing professional medical advice;
- ▶ should be used in combination with a discussion about the patient's individual needs and preferences; and
- ▶ does not replace existing referral arrangements between GPs, specialists and other health professionals.

The Shared Care Plan will become active after agreement of the patient, GP and specialist.

FOR PATIENTS:

Please take the Shared Care Plan with you when you visit your GP, specialist, or another member of your treatment team.

If you notice any changes or new or unusual symptoms between follow-up appointments, do not wait until your next scheduled appointment. See your GP as soon as possible so that the cause of the symptom can be explored.



Shared Care Plan

Patient name		Date of birth	
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Section A1

PATIENT DETAILS AND CONTACT INFORMATION

Patient name		Date of birth	
Address		Mobile no.	
	State	Postcode	Home/Work no.
Support contact		Mobile no.	
Relationship		Home/Work no.	

GP DETAILS AND CONTACT INFORMATION

GP name			
Practice address		Phone no.	
	State	Postcode	Fax no.
Email			

LEAD SPECIALIST TEAM AND CONTACT INFORMATION: Main contact for questions related to follow-up care

Specialist name		Specialty	
Hospital/clinic address		Phone no.	
	State	Postcode	Fax no.
Email			

OTHER HOSPITAL CONTACTS

Specialist name		Specialty	
Hospital/clinic		Phone no.	
Specialist name		Specialty	
Hospital/clinic		Phone no.	
Breast care nurse/ Cancer Coordinator			
Hospital/clinic		Phone no.	

COMMENCEMENT OF SHARED CARE

Patient agreement	I have agreed to this Shared Care Plan.
	Patient's name _____ Patient's signature _____ Date _____
Health professional agreements	I have reviewed this Shared Care Plan.
	GP's name _____ GP's signature _____ Date _____
	Lead specialist's name _____ Lead specialist's signature _____ Date _____



Shared Care Plan

Patient name

Date of birth

Section A2

DIAGNOSIS & HISTORY SUMMARY to be completed by the specialist

Diagnosis date Age at diagnosis

Position Left Right

Histological diagnosis Size (mm)
Grade 1 2 3

Stage at diagnosis (TNM) DCIS T1N0M0 T1N1M0 T2N0M0 T2N1M0 Other

Nodal involvement Yes No

Receptor status Oestrogen receptor +ve Progesterone receptor +ve HER2 receptor +ve

Menopausal status at commencement of shared care Pre Peri Post Unknown

Family history of cancer Yes No Unknown

If Yes include the number of affected maternal and paternal relatives, and indicate whether affected by breast or ovarian cancer.

	Maternal relatives		Paternal relatives	
	Breast	Ovarian	Breast	Ovarian
1st degree				
2nd degree				
Distant				

Genetic counselling Yes No

Genetic testing Yes (provide details) No Date

Other health conditions/ information that may affect patient's risk of recurrence or approach to follow-up care (including ECOG score if known)

Current medications

Known allergies



Shared Care Plan

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Section A3

TREATMENT SUMMARY to be completed by the specialist

Surgery

Yes No

Surgeon

Phone no.

Breast surgery

Breast conserving surgery Mastectomy (unilateral or bilateral)

Date

Axillary surgery

Sentinel node biopsy Axillary clearance

Date

No. lymph node(s) removed

No. lymph nodes positive

Reconstruction

Yes No Method of reconstruction

Date

Radiotherapy

Yes No

Radiation oncologist

Phone no.

Start date

End date

Field

Breast Axilla Chest wall Other (please specify)

Systemic therapy

Yes No

Medical oncologist

Phone no.

Chemotherapy type(s)

Neo-adjuvant

Start date

End date

Tick box if course of treatment was not fully completed

Start date

End date

Adjuvant

Start date

End date

Start date

End date

Targeted therapy (including hormonal therapy) type(s)

Start date

End date

Start date

End date

Start date

End date

Start date

End date

*End date may be in future or represent date for review



Shared Care Plan

Patient name		Date of birth	
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Section A3 continued

Patient goals

Patient wellbeing goals/priorities	
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Issues requiring specialist/allied health involvement

Issue		Health professional contact	
Issue		Health professional contact	
Issue		Health professional contact	

Imaging

Date of last mammogram		Result (attached)	
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Shared Care Plan

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Section B

Shared follow-up and survivorship care appointment summary following treatment for early breast cancer

Follow-up visits should be planned for a minimum of two years. The shared care schedule comprises:

- ▶ An initial specialist consultation on entering follow-up care three months after end of active treatment
- ▶ Follow-up appointments shared between the specialist and GP in the first five years following completion of active treatment
- ▶ Transfer of care to the GP after five years from completion of active treatment, with the GP responsible for all care
- ▶ Mammography every 12 months (first mammogram 12 months after diagnosis).

TIME SINCE DIAGNOSIS	DATE	PURPOSE OF VISIT	PROVIDER NAME AND DISCIPLINE (GP OR SPECIALIST)
Years 1-2			
Breast cancer follow-up			
• every 3-6 months: history, clinical breast examination, early detection of recurrence, secondary prevention			
• every 12 months: mammogram (and ultrasound if indicated)			
(first mammogram 12 months after diagnosis)			
Other planned reviews / monitoring as clinically required			
Years 3-5			
Breast cancer follow-up			
• every 6-12 months: history, clinical breast examination, early detection of recurrence, secondary prevention			
• every 12 months: mammogram (and ultrasound if indicated)			
Other planned reviews / monitoring as clinically required			

Shared Care Plan

Patient name

Date of birth

Section B continued

Shared follow-up and survivorship care appointment summary following treatment for early breast cancer

TIME SINCE DIAGNOSIS	DATE	PURPOSE OF VISIT	PROVIDER NAME AND DISCIPLINE (GP OR SPECIALIST)
After 5 years			
Breast cancer follow-up			
• every 12 months: history, clinical breast examination, early detection of recurrence, secondary prevention			
• every 12 months: mammogram (and ultrasound if indicated)			
Other planned reviews / monitoring as clinically required			

Cancer Australia's recommended follow-up schedule

METHOD	YEARS 1 AND 2	YEARS 3-5	AFTER 5 YEARS
History and clinical examination	Every 3-6 months	Every 6-12 months	Every 12 months
Mammography (and ultrasound if indicated ²)	Every 12 months ¹	Every 12 months	Every 12 months
Chest X-ray, bone scan, CT, PET, or MRI ³ scans, full blood count, biochemistry and tumour markers	Only if clinically indicated on suspicion of recurrence		

1. First mammogram 12 months after diagnosis

2. Ultrasound may be used in addition to mammography when indicated on clinical or radiological grounds. Consider ultrasound in addition to mammography for younger women, women with dense breasts and those whose initial breast cancer could not be detected by mammography

3. Use of MRI may be considered in specific high-risk groups.

Other planned reviews as clinically indicated. This may, for example, include a bone density (DXA) scan.

CT: computed tomography; PET: positron emission tomography; MRI: magnetic resonance imaging.



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Section C

Actions to be taken during follow-up visits

Outcomes of each follow-up appointment should be shared between the lead specialist and the patient's GP using the standard form of communication for the health service.

FOLLOW-UP ACTION	WHAT TO LOOK FOR/DISCUSS	
Clinical breast examination for early detection of local, regional or distant recurrence* <i>*Local recurrences are commonly diagnosed when patients are asymptomatic</i>	<input type="checkbox"/> Check weight	<input type="checkbox"/> Examine regional lymph nodes
	<input type="checkbox"/> Examine breast or chest wall and axilla (ipsilateral and contralateral), looking for new lumps or thickening, skin changes, and nipple discharge	<input type="checkbox"/> Check arm on the treated side for lymphoedema, cording, or signs of brachial plexus symptoms
	<input type="checkbox"/> Check for any areas of bone pain	<input type="checkbox"/> Examine chest and abdomen
	<input type="checkbox"/> Check for any new skin changes e.g., bruising, bleeding, infection	<input type="checkbox"/> If indicated, perform neurological examination and check for signs of raised intracranial pressure
Check for symptoms of distant recurrence	<input type="checkbox"/> Bone pain	<input type="checkbox"/> Abdominal pain or jaundice
	<input type="checkbox"/> Shortness of breath, persistent and worsening cough or haemoptysis	<input type="checkbox"/> Headaches, especially on waking and/or associated with nausea or focal neurological symptoms
	<input type="checkbox"/> Unexplained changes in weight, fatigue or anorexia	<input type="checkbox"/> Persistent unexplained pain or discomfort
	<input type="checkbox"/> Night sweats	
Identify / review psychosocial issues	<input type="checkbox"/> Distress	<input type="checkbox"/> Anxiety
	<input type="checkbox"/> Cognitive changes	<input type="checkbox"/> Depression
	<input type="checkbox"/> Fear of cancer recurrence	<input type="checkbox"/> Financial hardship
	<input type="checkbox"/> Fertility	<input type="checkbox"/> Work
	<input type="checkbox"/> Sexuality (including sexual function, loss of libido, body image and relationships)	<input type="checkbox"/> Relationships (e.g., partner, children)
Identify / review side effects of treatment	<input type="checkbox"/> Review treatment history (see section A3 of this Shared Care Plan)	<input type="checkbox"/> Side effects may vary depending on treatment type and may vary over time
Update family history	<input type="checkbox"/> Ask about any new occurrence of breast, ovarian, pancreatic, or prostate cancer among relatives	
Update menopausal status	<input type="checkbox"/> Ask about menopausal symptoms	<input type="checkbox"/> Consider need for osteoporosis screening if not already done
Review other health conditions	<input type="checkbox"/> Includes existing or new health conditions	



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Section C continued

Actions to be taken during follow-up visits

Outcomes of each follow-up appointment should be shared between the lead specialist and the patient's GP using the standard form of communication for the health service.

FOLLOW-UP ACTION	WHAT TO LOOK FOR/DISCUSS
Review all medications	<input type="checkbox"/> Review medications and check medication adherence
Discuss modifiable lifestyle factors for the prevention of recurrent and new cancers	<input type="checkbox"/> Smoking cessation
	<input type="checkbox"/> Alcohol consumption
	<input type="checkbox"/> Diet and weight management
	<input type="checkbox"/> Exercise
Investigations and referrals	
Mammogram ¹ (and ultrasound if indicated ²)	<input type="checkbox"/> Check previous result and confirm date of next mammogram (and ultrasound if indicated)
Other investigations ³	<input type="checkbox"/> As clinically indicated
Rapid access request	<input type="checkbox"/> To be used when follow-up raises a clinical issue requiring urgent specialist consultation

1. First mammogram 12 months post diagnosis

2. Ultrasound may be used in addition to mammography when indicated on clinical or radiological grounds. Consider ultrasound in addition to mammography for younger women, women with dense breasts and those whose initial breast cancer could not be detected by mammography

3. Use of MRI may be considered in specific high-risk groups. Other planned reviews as clinically indicated. This may, for example, include a bone density (DXA) scan.

